# **County of Santa Clara**

Social Services Agency Department of Aging and Adult Services In-Home Supportive Services

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October 29, 2009

Carrie Stone, Manager Quality Assurance Monitoring Unit California Department of Social Services Adult Programs Branch 744 P Street, MS 19-96 Sacramento, CA 95814

Dear Ms. Stone,

Following the format for the County Response Cover Sheet (Enclosure B) outlined in the September 25, 2009 County Board of Supervisors informational packet, I have included the following information:

Santa Clara County is requesting participation in the Enhanced Anti-Fraud Program. Our plan, entitled *In-Home Supportive Services Fraud Investigation and Program Integrity Efforts Plan* has been approved and is attached.

**Board of Supervisor Approval** 

Approved on October 20, 2009, by the Santa Clara County Board of Supervisors Name of Approver: Liz Kniss, President, Board of Supervisors

County District Attorney Representative: Scott Tsui, Assistant District Attorney

Telephone #: 408-792.2804

Email Address: Stsui@da.sccgov.org

County Welfare Department Representative: Lee Pullen, Director, Aging and

Adult Services, Social Services Agency

Telephone #: 408-975.4848

Email Address: Lee.Pullen@ssa.sccgov.org

Thank you for your attention to this matter; feel free to contact me directly upon receipt or subsequently should you have any questions.

Board of Supervisors: Donald F. Gage, George M. Shirikawa, Dave Cortese, Ken Yeager, Liz Kniss County Executive: Jeffrey V. Smith

# Santa Clara County IHSS Fraud Investigations and Program Integrity Proposal

#### <u>Introduction</u>

Santa Clara County submits the following plan to secure allocated funding for fraud investigations and program integrity efforts related to the In-Home Supportive Services (IHSS) program. If the plan is approved by the California Department of Social Services (CDSS), Santa Clara County will certify that program integrity efforts will commence within 60 days of receipt of funding.

#### **IHSS Overpayments/Underpayments**

Santa Clara County's IHSS program will continue to identify overpayments and underpayments per current practice. The IHSS program has a dedicated accountant on staff responsible for reviewing all terminated IHSS cases and auditing the case for either outstanding overpayments or underpayments. Additionally, cases involving suspected fraud, timesheet inactivity, or death matches are also submitted to the accountant for a review audit. If additional funding is secured following plan approval, we are proposing to augment staffing with a senior accounting assistant who will work closely with the accountant to routinely audit advance pay cases and offer accounting support as necessary.

Enclosure D is attached providing statistical information from FY 04 through FY 09 regarding overpayments/underpayments.

#### Fraud Referrals/Outcomes

Presently, all Santa Clara County IHSS fraud referrals are co-reported simultaneously to the listed agencies below with the understanding that the first agency to stake claim as the lead agency will be the assigned investigative agency.

Currently, Santa Clara County's IHSS program has a collaborative relationship with the following agencies:

- County of Santa Clara District Attorney's Office
  - All fraud referrals are directed to Sandy Morales, Criminal Investigator III, who determines if any referrals will be assigned to her unit for further investigation.
- California Department of Health Care Services (DHCS)
  - All fraud referrals are sent to Kris Ungles, Supervising Fraud Investigator, who reviews referrals and assigns cases to Art Rincon, Fraud Investigator. Mr. Rincon is the investigator assigned to several Bay Area counties, including Santa Clara.
- California Department of Social Services (CDSS)
  - CDSS has requested that all fraud referrals be sent directly to DHCS. CDSS is informed quarterly of the number of fraud referrals taken by the county.

Office of the Attorney General-Bureau of Medi-Cal Fraud and Elder Abuse
 All fraud referrals are co-reported to Mike Schumacher, Investigative Auditor Supervisor.

Enclosure D is attached providing statistical information from FY 04 through FY 09 (if known) regarding suspected fraud, convictions for fraud, amount of funds involved in convictions, amount recovered, basis for the conviction, and the individual responsible.

# Collaboration and Partnerships with District Attorney's Office (DAO)

Santa Clara County's Social Services Agency has a longstanding relationship with the Santa Clara County's District Attorney's Office involving welfare fraud prevention and investigation. The Fraud Early Detection and Prevention Referral (FRED) is the process where SSA staff refer to the District Attorney's office and/or the Department of Health Care Services where there is the assessment that the case needs to be investigated for possible fraud. Cases where there is substantiated reason for fraud may result in collection of payment for benefits issued. In a March 2009 audit of the Social Service Agency's Department of Employment and Benefits Services, the Management Audit Division of the Board of Supervisors reported that the Public Assistance Fraud division currently staffed by the DA's Office prevents and identifies a significant amount of fraud. They determined that FRED referrals were "particularly" effective. In fiscal year 2007-2008, 48% of the 768 FRED referrals submitted for investigation resulted in benefits being reduced, denied or discontinued.

Based on the positive results of the FRED program, the DA has recommended that a similar program be developed to investigate cases of suspected IHSS fraud. Preliminary discussions have taken place and SSA and the DA have tentatively agreed to develop a FRED like program to focusing on prevention rather than prosecuting IHSS fraud.

# <u>Collaboration and Partnerships with California Department of Health Care Services (DHCS)</u> and the California Department of Social Services (CDSS)

Santa Clara County's IHSS program will continue its collaborative relationship with both DHCS and CDSS (as referenced previously) regarding fraud referrals and joint investigations. If funding is approved, the County will request a CDSS contact name to work with in addition to the already identified staff member from DHCS. Referrals made to DHCS will be tracked via Excel spreadsheet noting date sent to DHCS, date received by DHCS, DHCS contact assigned to referral, and DHCS outcome.

#### Mechanism for Tracking/Reporting

Santa Clara County will commit to track and report outcomes of its efforts to CDSS with the data recording format to be created by CDSS by August 1, 2010. Santa Clara County will also submit a plan on/before June 1, 2010 for funding consideration for FY 10/11.

#### **County's Current and Proposed Anti-Fraud Activities**

Santa Clara County's current anti-fraud activities include:

1. Written policies and procedures for reporting possible fraudulent activities;

- 2. County-wide published IHSS Fraud Hotline telephone number (408-975-4878);
- 3. Published agency form entitled: *Common Fraud Issues in IHSS* utilized in all outgoing IHSS QA mailings;
- 4. Routine training provided to all IHSS staff on agency-specific Fraud Referral form;
- 5. Quarterly fraud-specific articles prepared for Public Authority newsletter to all IHSS home care providers;
- 6. Monitoring of CMIPS reports including: 300+ Hour Report, 60-Day No Timesheet Activity Report, CDSS quarterly Death Match report, Fair Hearing requests, San Jose Mercury News obituaries, and monthly report submitted by Santa Clara County IHSS Public Authority regarding discrepant provider data.

### Santa Clara County's proposed anti-fraud activities include:

- Formal presentations at all newly required IHSS provider orientations to review/discuss IHSS fraud;
- 2. Wallet cards for reporting IHSS fraud;
- 3. Collaborations with area senior centers and senior nutrition sites to discuss fraud prevention;
- 4. Unannounced home visits to verify services are being received or provided prior to a fraud referral being initiated;
- 5. Training from the District Attorney's staff on what elements to include in the initial fraud referral package;
- 6. Review ALL overpayments and underpayments—any overpayment or underpayment meeting a minimum threshold amount would trigger an automatic fraud referral
- 7. Unannounced home visit scheduled for any irregular timesheet requests (ie-four or more timesheets requested by a provider);
- 8. Unannounced home visit scheduled for any alleged sub-contracting of work by an IHSS provider.

#### **County Proposed Budget for Utilization of Funds**

During the first year, the Social Services Agency and the District Attorney's Office are proposing the following budget for Santa Clara County's IHSS anti-fraud activities:

| Social Services Agency (incls overhead)     | \$ 357,603  |
|---|-------------|
| One (1) Social Work Coordinator             |             |
| One (1) Senior Account Clerk                |             |
| Administrative Manger (15%)                 |             |
| Social Services Agency                      | \$ 179,028  |
| Provider Training                           |             |
| Staff Training                              |             |
| District Attorney's Office (Incls overhead) | \$ 497,804  |
| Two (2) Criminal Investigators              |             |
| One (1) Justice System Clerk                |             |
|   |             |
| TOTAL BUDGET REQUEST                        | \$1,034,435 |
|   |             |

<u>Description of how the County will Integrate Other Program Integrity Efforts within the Plan</u>
Santa Clara County will integrate any newly provided funding into current anti-fraud activities.
Additionally, any funding made available through this effort will address anti-fraud components named in the 2009 State Budget Act including IHSS provider background checks, provider orientations, and unannounced home visit activities.

#### **Annual Outcomes Report**

If funding is authorized, Santa Clara County will comply with the format adopted by CDSS to provide an annual outcomes report by August 1 of each year for the previous fiscal year's activities.

#### **Attachment**

Enclosure D: Data Reporting Spreadsheet, 2004-Present

# Enclosure D

| Cou                        | inty:  | Santa            | Clara  |          |             |           |
|----------------------------|--|------------------|--|----------|-------------|-----------|
|                            | syments identified by County QA              | 04/05            | 05/06  | 06/07    | 07/08       | 08/09     |
|                            | Total Amount per Fiscal Year.                |                  | •  | •        |             |           |
|                            | Number of Instances:                         | 166              | 4  | 12       | 24          | 4         |
| ••••                       | Provider.                                    |                  | •  |          | • •         | ·         |
| £ #:                       | Recipient:                                   |                  | • • •  | • •=••   | ·           | •         |
| Breakdown<br>of Causes     | County Error:                                |                  | • •  | •        | i           |           |
| 1 2 2 E                    | Unknown:                                     | <del>-</del> · · |  |          | :           |           |
|                            | Other:                                       | -                |  |          | 1           |           |
| Unde                       | payments identified by County QA             | 04/05            | 05/06  | 06/07    | 07/08       | 08/09     |
|                            | Total Amount per Fiscal Year:                |                  |  |          |             |           |
|                            | Number of instances:                         | 2                | 0  | 13       | 95          | 365       |
|                            | Provider:                                    |                  |  |          |             |           |
| E #                        | Recipient:                                   |                  |  |          |             |           |
| 見                          | County Error:                                |                  |  |          |             |           |
| Breakdown<br>of Causes     | Unknown:                                     |                  |  |          |             |           |
|                            | Other:                                       |                  |  |          |             |           |
| Fraud                      | Referrals/Outcomes                           | 04/05            | 05/06  | 06/07    | 07/02       | 08/09     |
|                            | Number of referrals to DHCS:                 | 0                | 0  | 28       | 32          | 75        |
|                            | Number handled locally by DA:                | 0                | 0  | 0        | 4           | 0         |
|                            | Number of convictions:                       |                  |  |          | 6           | 2         |
|                            | Court Ordered Restitution:                   |                  |  |          | 23,635      | 25,974    |
|                            | Amount of funds involved in the convictions: |                  |  |          | 118,788     |           |
|                            | Amount of funds recovered:                   |                  |  | <u> </u> | 95,393      | 2,000     |
|                            | Amount of funds pending recovery:            |                  |  |          | 23,394      | 23,97     |
|                            | Basis for the Conviction:                    |                  |  |          | PC 72 & 487 | PC 72 & 4 |
|                            | Recipient:                                   |                  | <del>                                     </del> |          |             |           |
| 육용                         | Provider:                                    |                  |  |          |             |           |
| 를                          | County Staff:                                |                  | <del> </del>                                     |          | 0           | 0         |
| Individuals<br>Responsible | Other:                                       |                  |  |          | 0           | 0         |
| ~~~                        | Unknown:                                     |                  |  |          | 0           | 0         |
|                            |  |                  |  |          | , ,         |           |

## Enclosure D Page Two

| Utiliz   | ation of County DA for Fraud | 04/05                                   | 05/06 | 06/07 | 07/08    | 08/09        |
|----------|------------------------------|---|-------|-------|----------|--------------|
|          | Documented referrals to DA*  |   |       | 28    | 32       | 75           |
|          | Accepted:                    |   |       |       | 4        |              |
|          | Rejected:                    |   |       | 28    | 28       | 75           |
|          | Pending:                     |   |       |       |          |              |
|          | Completed investigation      |   |       |       |          |              |
|          | No Fraud:                    |   |       |       |          |              |
|          | Restitution Action:          |   |       |       |          |              |
|          | Referred for Prosecution:    |   |       |       |          |              |
|          | Criminal Charges Filed:      |   |       |       |          |              |
| 93       | No Charged Filed:            |   |       |       |          |              |
| Ę        | Convictions:                 |   |       |       | 4        |              |
| Outcomes | Acquittals: Dismissals:      |   |       |       | 0        |              |
| 0        | Pending Investigation:       |   |       |       | 0        | <del> </del> |
|          | Restitution                  | *************************************** |       |       | <u> </u> |              |
|          | Court Ordered:               |   |       |       | 2        |              |
|          | Restitution Action:          |   |       |       | 2        |              |
|          | Fines                        |   |       |       | 4        |              |
|          | Prosecutions Completed       |   |       |       | 4        |              |
|          | Convictions                  |   |       |       | 4        |              |
|          | Misdemeanor                  |   |       |       |          |              |
|          | Felony                       |   |       |       | 4        |              |

# Budget Justification Santa Clara County's Fraud Funding Plan for FY 2009-10

| Budget Section                                  | Total             |
|---|-------------------|
| A. Personnel Costs (includes employee benefits) | \$ 599992         |
| B. Operating Expenses                           | \$ 255415         |
| C. Equipment Expenses                           | \$0               |
| D. Travel/Per Diem and Training                 | \$ 179028         |
| E. Subcontracts and Consultants                 | \$0               |
| F. Other Costs                                  | \$0               |
| G. Indirect Expenses                            | \$0               |
| Total Expenses                                  | <b>\$</b> 1034435 |

| A. Personnel Costs (including employee benefits)   | Total Budget |
|--|--------------|
| Title: Social Work Coerdinator II/I  | \$ 113376    |
| Salary Calculation: 1@ \$113376  |              |
| Duties Description: Coordinates all fraud related activities including monitoring various IHSS program reports and initiates fraud referrals to County and State Agencies.   |              |
| Title: Senior Account Clerk  | \$ 83148     |
| Salary Calculation: 1@ \$83148   |              |
| <b>Duties Description:</b> Determines fraudulent overpayments and underpayments and initiates and tracks overpayments with the Agency's Accounts Payable Division.   |              |
| Title: Criminal Investigator II  | \$ 313372    |
| Salary Calculation: 2 @ 156686   |              |
| <b>Duties Description:</b> Collaborates with IHSS fraud staff to investigate allegations of fraud, conducts scheduled and unannounced home visits, interviews IHSS recipients and providers to assess fraud allegations, and secures supporting documentation. |              |
| Title: Justice System Clerk II/I   | \$ 90096     |
| Salary Calculation: 1 @ 41247  |              |
| <b>Duties Description:</b> Processes all IHSS fraud referrals, creates and files investigative paperwork, provides data entry support and creates and maintains various statistical reports.   |              |
| Title:   | \$           |
| Salary Calculation:  |              |
| Duties Description:  |              |
| Title:   | \$           |
| Salary Calculation:  |              |

| Duties Description: |
|---------------------|
|                     |

| B. Operating Expenses   | Total Budget |
|---|--------------|
| Title: Social Services Administrative Overhead  | \$ 161079    |
| Description: Administrative costs includes the costs associated with IHSS Fraud Progam oversight, percent of shared costs (rent, utilities, general maintenance, telephones, information systems, personnel recruitment, security, copiers, payroll, financial management, etc.)      |              |
| Title: Office of District Attorney Administrative Overhead  | \$ 94336     |
| Description: Administrative costs includes the costs associated with IHSS Fraud Program oversight, and percent of shared costs (rent, utilities, general maintenance, telephones, information systems, personnel recruitment, security, copiers, payroll, financial management, etc.) |              |
| Title:  | \$           |
| Description:  | _            |
| Total Operating Expenses:   | \$ 255415    |

| C. Equipment Expenses | Total Budget                  |
|-----------------------|-------------------------------|
| Title:                | \$0                           |
| Description:          |                               |
| Title:                | \$                            |
| Description:          |                               |
| Title:                | \$                            |
| Description:          |                               |
| Тс                    | otal Equipment Expenses: \$ 0 |

| D. Travel/Per Diem and Training   | Total Budget |
|---|--------------|
| Title: Training   | \$ 179028    |
| Description: Development and delivery of ongoing staff training and provider training |              |
| Title:  | \$           |
| Description:  |              |
| Title:  | \$           |

| Description:                        |   |
|-------------------------------------|---|
| Total Travel/Per Diem and Training: | \$ 179028   |
|                                     | Processor and the state of the |

| E. Subcontracts and Consultants | Total Budget                       |
|---------------------------------|------------------------------------|
| Title:                          | \$0                                |
| Description:                    |                                    |
| Title:                          | \$                                 |
| Description:                    |                                    |
| Title:                          | \$                                 |
| Description:                    |                                    |
| Total                           | Subcontracts and Consultants: \$ 0 |

| F. Other Costs     | Total Budget |
|--------------------|--------------|
| Title:             | \$0          |
| Description:       |              |
| Title:             | \$           |
| Description:       |              |
| Title:             | \$           |
| Description:       |              |
| Title:             | \$           |
| Description:       |              |
| Title:             | \$           |
| Description:       |              |
| Total Other Costs: | \$           |

| G. Indirect Expenses | Total Budget |
|----------------------|--------------|
| Title:               | \$           |
| Description:         |              |
|                      |              |

| Title:             | \$  |
|--------------------|-----|
| Description:       |     |
| Total Other Costs: | \$0 |